

Name \_\_\_\_\_ Date \_\_\_\_\_ Program \_\_\_\_\_

Legal Description \_\_\_\_\_ Field Number \_\_\_\_\_ County \_\_\_\_\_

Objective of applying practice \_\_\_\_\_

1. Woody species to be controlled \_\_\_\_\_

Species \_\_\_\_\_ Canopy % \_\_\_\_\_ Species \_\_\_\_\_ Canopy % \_\_\_\_\_

Species \_\_\_\_\_ Canopy % \_\_\_\_\_ Species \_\_\_\_\_ Canopy % \_\_\_\_\_

(Refer to Range Technical Note 8, Brush Management, for canopy determination guidance)

2. Treatment method(s) and location: Identify control area(s) and method(s) on ARC/GIS map and attach to form.

Method (1) \_\_\_\_\_ Acres \_\_\_\_\_ Method (2) \_\_\_\_\_ Acres \_\_\_\_\_

Planned application date \_\_\_\_\_ Planned application date \_\_\_\_\_

Method (3) \_\_\_\_\_ Acres \_\_\_\_\_ Method (4) \_\_\_\_\_ Acres \_\_\_\_\_

Planned application date \_\_\_\_\_ Planned application date \_\_\_\_\_

3. Potential impacts to other resources

**Technical Service Provider**

Layout by \_\_\_\_\_ Date \_\_\_\_\_

Designed by \_\_\_\_\_ Date \_\_\_\_\_

Checked by \_\_\_\_\_ Date \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_

4. Applied treatment methods:

Method (1) \_\_\_\_\_ Acres \_\_\_\_\_

Date applied \_\_\_\_\_

Method (2) \_\_\_\_\_ Acres \_\_\_\_\_

Date applied \_\_\_\_\_

Method (3) \_\_\_\_\_ Acres \_\_\_\_\_

Date applied \_\_\_\_\_

Method (4) \_\_\_\_\_ Acres \_\_\_\_\_

Date applied \_\_\_\_\_

**Producer's Statement**The design of this practice has been discussed with me, and I concur with the design. **No changes are allowed without the approval of the technical service provider.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Certification**

This applied practice meets Kansas standards and specifications.

5. Post treatment management requirements

Technical Service Provider \_\_\_\_\_ Date \_\_\_\_\_

This practice has been applied as designed.

Producer \_\_\_\_\_ Date \_\_\_\_\_

**Follow label requirements for different land uses and Kansas State University recommendations for brush management treatments.**